

<i>SERFF Tracking Number:</i>	<i>LBRM-125497895</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The Ohio Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT 50</i>
<i>Company Tracking Number:</i>	<i>2008-00830</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>TRIPRA 2007</i>		
<i>Project Name/Number:</i>	<i>TRIPRA 2007/2008-00830</i>		

Filing at a Glance

Companies: The Ohio Casualty Insurance Company, West American Insurance Company, American Fire and Casualty Company, Ohio Security Insurance Company

Product Name: TRIPRA 2007	SERFF Tr Num: LBRM-125497895	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT 50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 2008-00830	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Authors: Tammy Blake, Jennifer Swift	Disposition Date: 02/26/2008
	Date Submitted: 02/25/2008	Disposition Status: Approved
Effective Date Requested (New): 03/01/2008		Effective Date (New): 03/01/2008
Effective Date Requested (Renewal): 03/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: TRIPRA 2007	Status of Filing in Domicile: Not Filed
Project Number: 2008-00830	Domicile Status Comments: except in Indiana our state of domicile for West American Insurance Company.
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/26/2008	
State Status Changed: 02/26/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
RE: THE OHIO CASUALTY INSURANCE COMPANY - NAIC #111-24074	
OHIO SECURITY INSURANCE COMPANY – NAIC # 111-24082	
WEST AMERICAN INSURANCE COMPANY - NAIC # 111-44393	
AMERICAN FIRE AND CASUALTY COMPANY - NAIC # 111-24066	

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WORKERS COMPENSATION

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT (TRIPRA)

OF 2007 - EXPEDITED FILING

FILING OF DISCLOSURE NOTICE TO POLICYHOLDERS

COMPANY FILING NUMBER: 2008-00830

This filing is being submitted in accordance with the expedited filing requirements of the Federal "Terrorism Risk Insurance Program Reauthorization Act of 2007."

For your information we are enclosing a copy of our Terrorism Insurance Premium Notice to Policyholders NP 72 77 01 08 which will be sent with all new and renewal policies. This Notice is in final print.

We are submitting this filing to be applicable to all policies effective on or after March 1, 2008.

Company and Contact

Filing Contact Information

Jennifer Swift, Product Staff Underwriter	jennfer.swift@libertymutual.com
9450 Seward Road	(513) 603-2766 [Phone]
Fairfield, OH 45014	

Filing Company Information

The Ohio Casualty Insurance Company	CoCode: 24074	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 31-0396250	

West American Insurance Company	CoCode: 44393	State of Domicile: Indiana
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 31-0624491	

SERFF Tracking Number: LBRM-125497895 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT 50
Company Tracking Number: 2008-00830
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: TRIPRA 2007
Project Name/Number: TRIPRA 2007/2008-00830

American Fire and Casualty Company CoCode: 24066 State of Domicile: Ohio
9450 Seward Road Group Code: 111 Company Type: Property &
Casualty
Fairfield, OH 45014-5456 Group Name: State ID Number:
(800) 826-6189 ext. [Phone] FEIN Number: 59-0141790

Ohio Security Insurance Company CoCode: 24082 State of Domicile: Ohio
9450 Seward Road Group Code: 111 Company Type: Property &
Casualty
Fairfield, OH 45014-5456 Group Name: State ID Number:
(800) 826-6189 ext. [Phone] FEIN Number: 31-0541777

<i>SERFF Tracking Number:</i>	<i>LBRM-125497895</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>2008-00830</i>		
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<i>Product Name:</i>	<i>TRIPRA 2007</i>		
<i>Project Name/Number:</i>	<i>TRIPRA 2007/2008-00830</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West American Insurance Company	\$0.00	02/25/2008	
American Fire and Casualty Company	\$0.00	02/25/2008	
Ohio Security Insurance Company	\$0.00	02/25/2008	
The Ohio Casualty Insurance Company	\$50.00	02/25/2008	18137739

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/26/2008	02/26/2008

SERFF Tracking Number:	LBRM-125497895	State:	Arkansas
First Filing Company:	The Ohio Casualty Insurance Company, ...	State Tracking Number:	EFT 50
Company Tracking Number:	2008-00830		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	TRIPRA 2007		
Project Name/Number:	TRIPRA 2007/2008-00830		

Disposition

Disposition Date: 02/26/2008
Effective Date (New): 03/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Form	Terrorism Insurance Premium Notice		Yes

SERFF Tracking Number: LBRM-125497895 State: Arkansas

First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT 50

Company Tracking Number: 2008-00830

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: TRIPRA 2007

Project Name/Number: TRIPRA 2007/2008-00830

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	Terrorism Insurance Premium Notice	NP 72 77	01 08	Disclosure/ New Notice		0.00	NP 72 77 01 08.pdf

TERRORISM INSURANCE PREMIUM NOTICE

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act"), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from a "certified act of terrorism" exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" AND that is otherwise covered under your policy.

A "certified act of terrorism" means:

Any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to –

- (I) human life;
- (II) property; or
- (III) infrastructure;

- (iii) to have resulted in damage within the United States, or outside of the United States in the case of –

- (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
- (II) the premises of a United States mission; and

- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

PREMIUM DISCLOSURE STATEMENT

Your policy does not contain an exclusion for losses resulting from "certified acts of terrorism." Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy.

THE PREMIUM CHARGE FOR THIS COVERAGE FOR THE POLICY PERIOD APPEARS ON THE ATTACHED QUOTE AND WILL BE EXHIBITED ON THE POLICY DECLARATION AT TIME OF POLICY ISSUANCE AS "CERTIFIED ACTS OF TERRORISM COVERAGE".

IF THIS NOTICE IS ATTACHED TO A WORKERS COMPENSATION QUOTE OR POLICY, THE PREMIUM CHARGE APPEARS NEXT TO THE SEPARATE LINE ITEM CHARGE(S) FOR "TERRORISM", "FOREIGN TERRORISM", "TRIA COVERAGE" OR "CERTIFIED ACTS OF TERRORISM" AND, WHERE APPLICABLE, A SEPARATE LINE ITEM CHARGE CONTAINING THE WORDS "CATASTROPHE" OR "DOMESTIC TERRORISM."

YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy.

If you have any questions regarding this notice please contact your agent.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

02/20/2008

Comments:

Please find attached Expedited Terrorism Transmittals.

Attachments:

Terrorism.pdf
Terrorism1.pdf

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

Indicate Type of Filing		Department Use Only
<input type="checkbox"/>	Filing Related to <i>Certified Losses</i>	
<input type="checkbox"/>	Filing Related to <i>Non-Certified Losses</i>	
<input type="checkbox"/>	Filing Applicable to Both Certified and Non-Certified Losses	

Company Name(s)	Domicile	NAIC#	FEIN#

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
9450 Seward Road Fairfield, Ohio 45014	1-800-843-6446 Ext.		

Filing information

Line of Insurance (see attachment)	
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	
This application is used with:	
Effective Date Requested	
Filing date	
Company Tracking Number	
Date filing approved in domiciliary state, if applicable	

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01			[] Replacement [] Withdrawn [] Neither		
02			[] Replacement [] Withdrawn [] Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act of 2002 as amended and the laws of this state, and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures

Signature

Print Name:

Title:

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

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	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01			[] Replacement [] Withdrawn [] Neither		
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Signature _____

Print Name: _____

Title: _____